

Effective on 12/8/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2009

Complete if Known

<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27	Application Number	09/684,866
	Filing Date	October 6, 2000
	First Named Inventor	David Allison Bennett, et al.
	Examiner Name	Jamiusue A. Plucinski
	Art Unit	3629
TOTAL AMOUNT OF PAYMENT	Attorney Docket No.	PSTM0038/MRK/STM
		(\$ 180.00)

METHOD OF PAYMENT (check all that apply)

☐ Check
 ☐ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify): _____

☒ Deposit Account
 Deposit Account Number: 501574
 Deposit Account Name: Khorsandi Patent Law Group, ALC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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 ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small or Large Entity	Fee (\$)	Small or Large Entity	Fee (\$)	Small or Large Entity	Fee (\$)	
Utility	310	155	510	255	210	105	\$0.00
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small or Large Entity	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	210	105
Multiple dependent claims	370	185

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
6	53 (HP) = 0	x \$0.00	= \$00.00			
HP = highest number of total claims paid for, if greater than 20					\$0.00	

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
2	49 (HP) = 0	x \$0.00	= \$0.00
HP = highest number of independent claims paid for, if greater than 3			

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 = 0	/ 50 = 0	(round up to a whole number) x	\$260.00	= \$ 0.00

4. OTHER FEE(S)

Non-English Specification,	\$130 fee (no small entity discount)	
Other: Information Disclosure Statement Fee		\$180.00

SUBMITTED BY

Signature	<i>Marilyn R. Khorsandi</i>	Registration No. (Attorney/Agent)	45744	Telephone	(626) 796-2856
Name (Print/Type)	Marilyn R. Khorsandi	Date	<i>January 23, 2009</i>		